



Appendix H

Organization Compliance Report

I hereby certify that the _____ Grant funds received from the Minnesota
Organization Name

Department of Veterans Affairs were expended only for services that are authorized by Minnesota State Statute as provided by the Minnesota Department of Veterans Affairs.

As verification of the proper expenditure of these funds, I have documented all purchases made with grant funds. These receipts are in the total amount of \$_____.

Any remaining grant funds not expended are returned with this report. The check/warrant is made payable to the Minnesota Department of Veterans Affairs in the amount of \$_____ (only required when the amount is greater than \$25.00.)

All original invoices, receipts, purchase orders and proof of payment documentation will be retained by the Grantee for no less than six years for audit purposes.

Signature of Grantee Authorized Representative

Date

Print Name

Business Phone #

MDVA Grant Specialist Certified

Signature

Title

Date

Print Name

Business Phone #